

FIG. 1

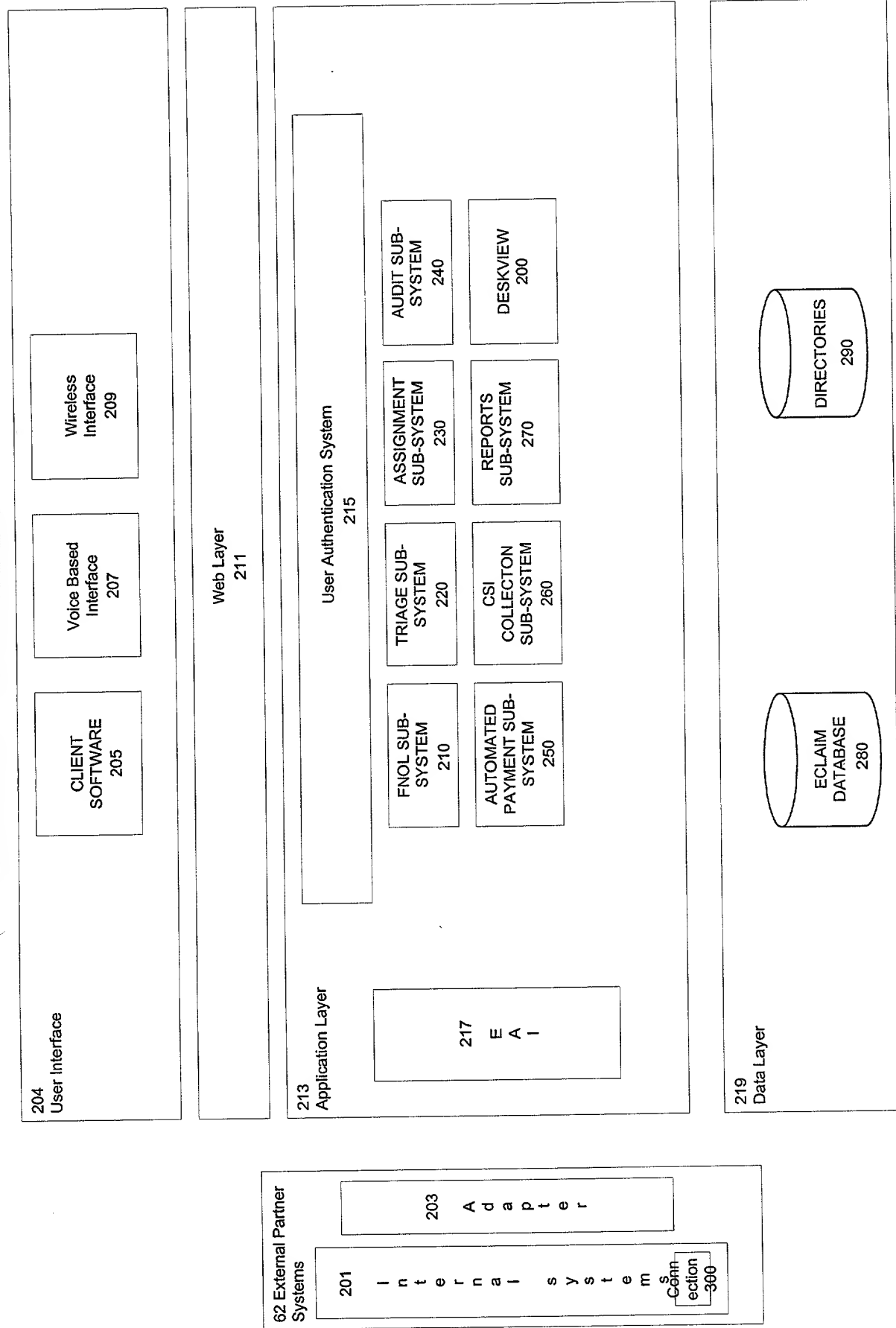


FIG. 2

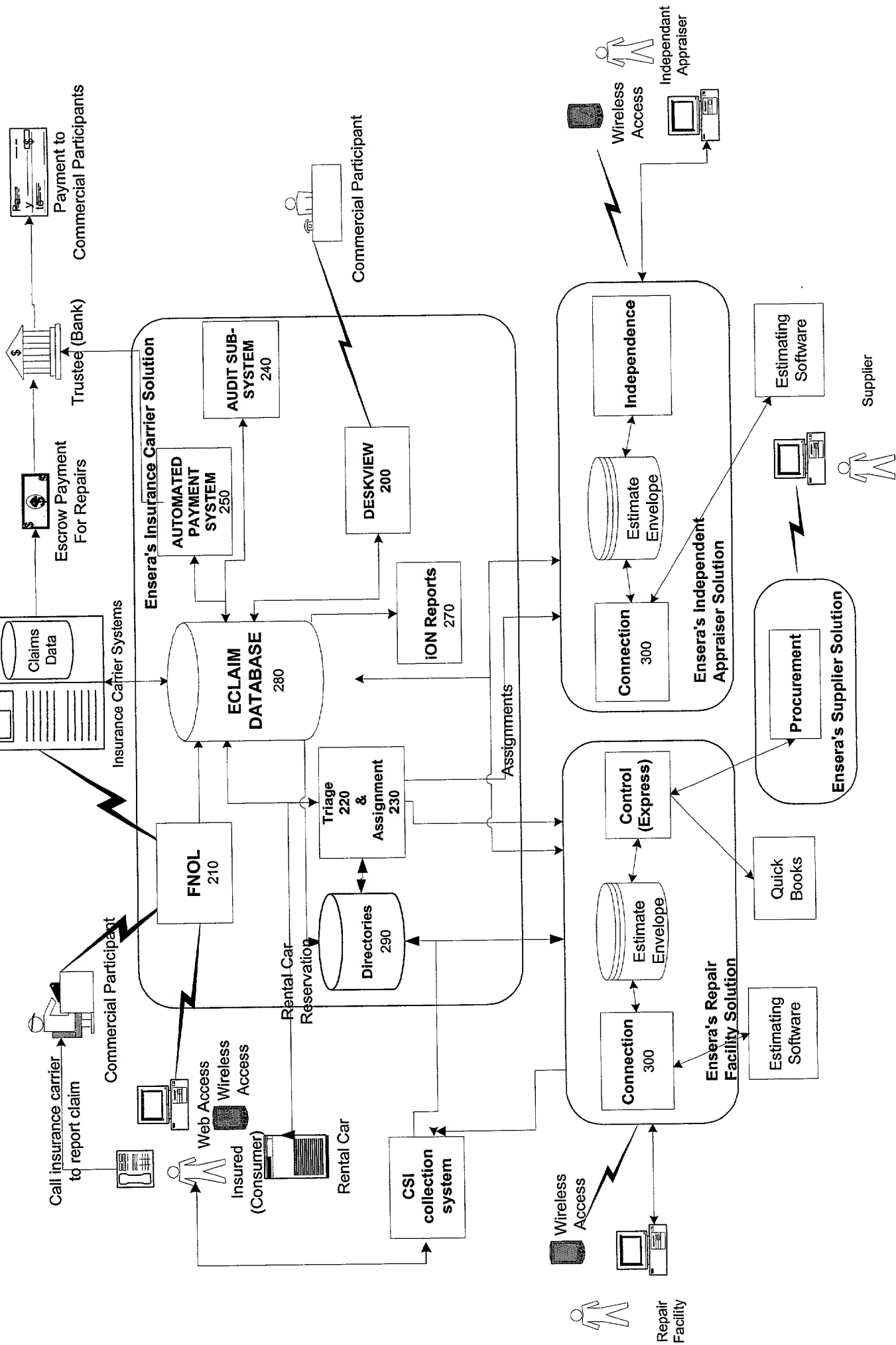


FIG. 3

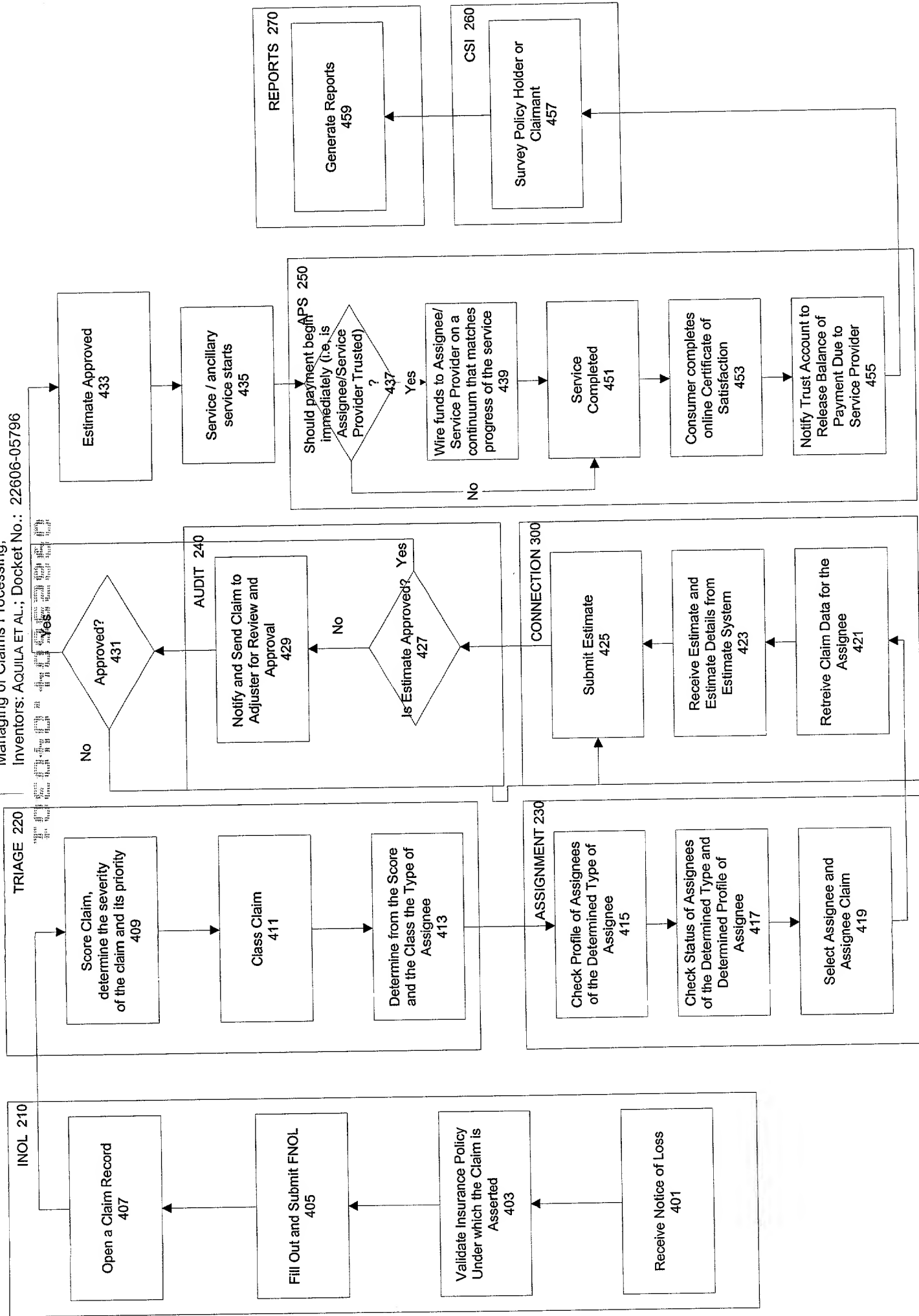


FIG. 4

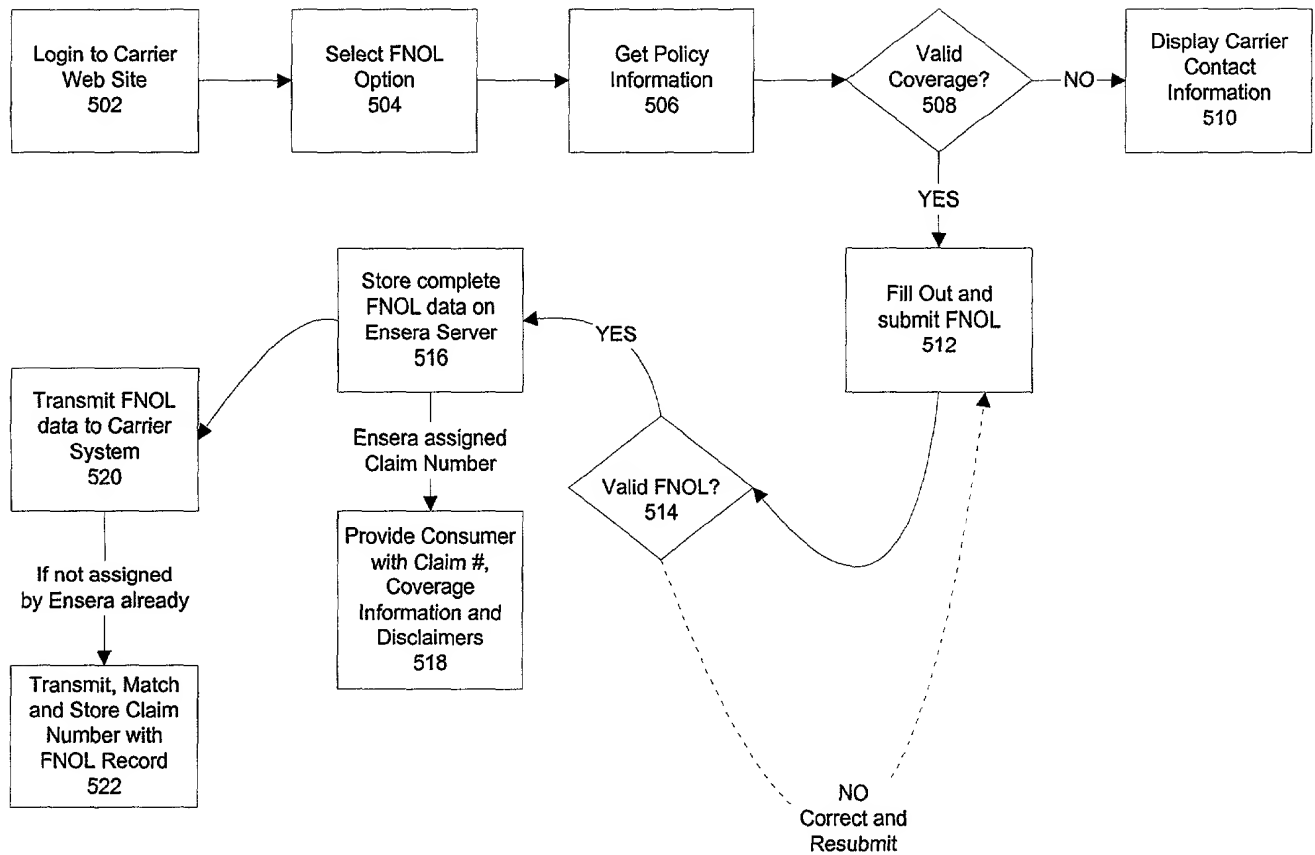


FIG. 5A.

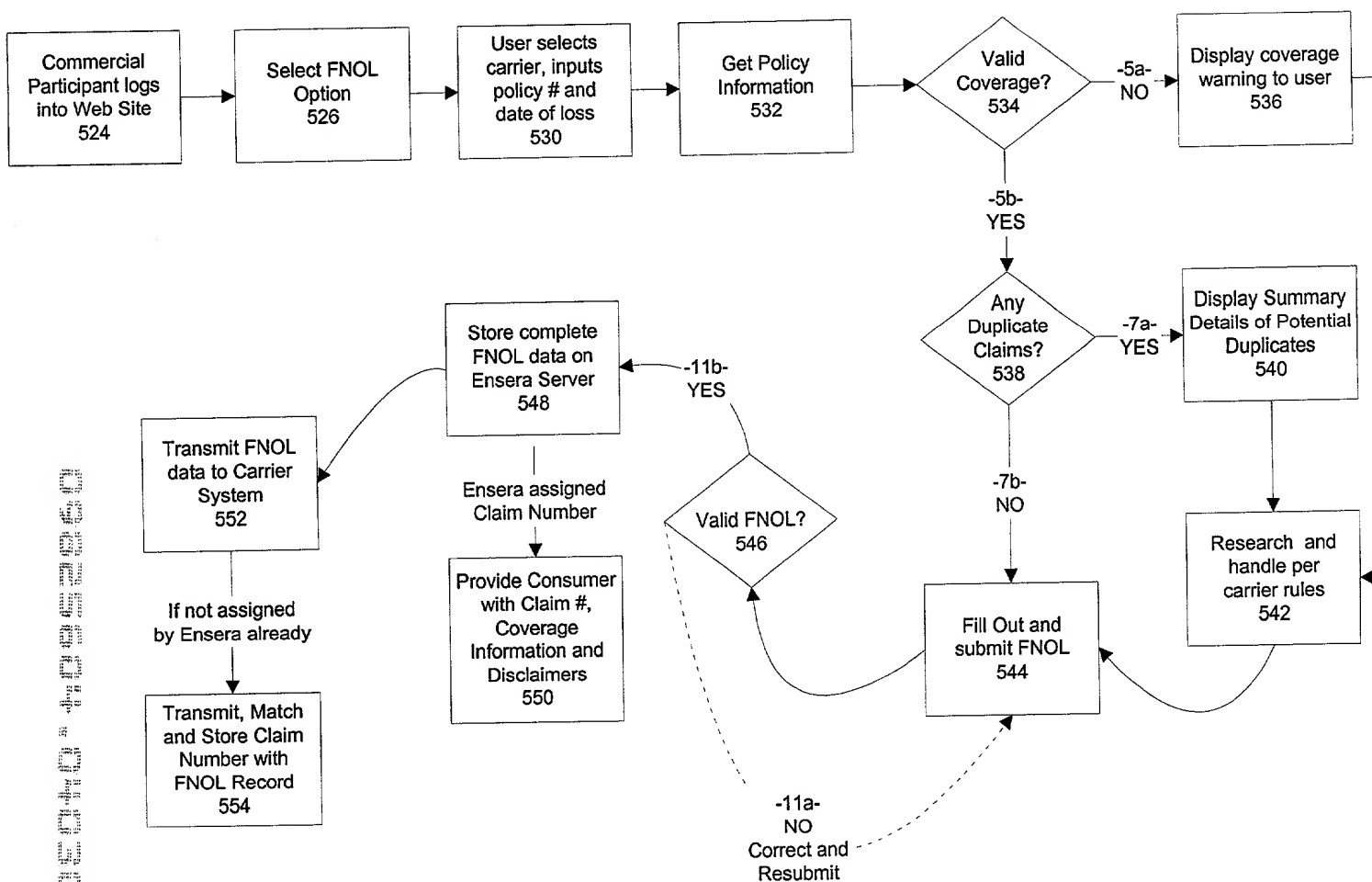


FIG. 5B.

Fields	
<Loss>	<Injuries> (Fields below will be available for each injured person)
<LocationofAccident>	<Injured>
<DamageToVehicle>	<RelationToInsured>
<LossDescription>	<Description & Extent Of Injury>
<NamedInsuredVehicleOperator>	<MedicalProvider>
<LastName>	<AmbulanceNeeded>
<FirstName>	<PersonInformation>
<MiddleName>	<LastName>
<ReportNumber>	<FirstName>
<PoliceReportNumber>	<MiddleName>
<DateOfLoss>	<AddressInformation>
<TimeOfLoss>	<Addr1>
<WereThereWitnesses>	<Addr2>
<HaveAttorney>	<City>
<WereThereInjuries>	<StateProv>
<HowManyVehiclesInvolved>	<PostalCode>
<WeatherConditions>	<Country>
<VehicleInformation>	<CommunicationNumber>
<ModelYear>	<ContactPhone>
<Manufacturer>	(Description available for multiple injuries)
<Model>	<Witnesses>
<Color>	<Witness>
<VehicleIdentificationNumber>	<PersonInformation>
<LossPayee> vehicle	<LastName>
<Repair Facility>	<FirstName>
<SelectaRepairFacility>	<MiddleName>
<RepairFacilityInformation>	<AddressInformation>
<Name>	<Addr1>
<Addr>	<Addr2>
<City>	<City>
<StateProv>	<StateProv>
<PostalCode>	<PostalCode>
<CommunicationNumber>	<Country>
<RepairFacilityPhone>	<CommunicationNumber>
<Insured>	<ContactPhone>
<PersonInformation>	(Description available for multiple witnesses)
<LastName>	<Your Passenger Information>
<FirstName>	<Passenger>
<MiddleName>	<PersonInformation>
<SocialSecurityNumber> Password	<LastName>
<AddressInformation>	<FirstName>
<Addr1>	<MiddleName>
<Addr2>	<AddressInformation>
<City>	<Addr1>
<StateProv>	<Addr2>
<PostalCode>	<City>
<Country>	<StateProv>
<Email>	<PostalCode>
(phone # will be accepted if customer has no e-mail)	<Country>
<CommunicationNumber>	<CommunicationNumber>
<ContactPhone>	<ContactPhone>
<Damage to Property of Others>	<Attorney>
<WasItA Vehicle>	<AttorneyInformation>
<DamageTo>	<WhoDoesTheAttorneyRepresent>
<NumberOfPassengers>	<Firm Name>
<DamageDescription>	<LastName>
<OtherCarrierInformation>	<FirstName>
<VehicleInformation>	<MiddleName>
<ModelYear>	<AddressInformation>
<Manufacturer>	<Addr1>
<Model>	<Addr2>
<Color>	<City>
<VIN>	<StateProv>
<LicensePlateNumber>	<PostalCode>
<Description of Damage>	<Country>
(Description available for multiple vehicles)	<CommunicationNumber>
	<ContactPhone>

FIG. 6

The screenshot shows a web browser window with the American Family Insurance logo in the top right corner. On the left side, there is a navigation menu with links: Agents, Careers, Claims, Report a Claim, Select a Repair Shop, Search for Car Rental, Catastrophe Information, Feedback, Financial Services, Insurance Options, Meet American Family, and Quotes. The main content area is titled "American Family Insurance Claim Report" and displays the message "Other vehicle information has been completed". Below this, there is a question: "Were there other persons involved? ex. witnesses, pedestrians, bicycle riders" with radio button options for "Yes" and "No", where "No" is selected. A "Let's Continue >>>" link is positioned to the right of the question. At the bottom center, there is a logo for "powered by ensera" with a link to "Terms & Conditions". The bottom right corner contains the copyright notice "©2000 American Family Insurance All rights reserved" and a link to "Legal Notice".

AMERICAN FAMILY INSURANCE

Claims

"When we had a claim, the turnaround was incredible. They were really responsive. We'd highly recommend American Family Insurance."
- The East Family, Ir diana

Agents
Careers
Claims
Report a Claim
Select a Repair Shop
Search for Car Rental
Catastrophe Information
Feedback
Financial Services
Insurance Options
Meet American Family
Quotes

American Family Insurance Claim Report

Other vehicle information has been completed

Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders ☐ Yes ☒ No

Let's Continue >>>

powered by **ensera**
[Terms & Conditions](#)

©2000 American Family Insurance
All rights reserved
[Legal Notice](#)

FIG. 7A

Claims
[Report a Claim](#)
[Select a Repair Shop](#)
[Search for Car Rental](#)
[Catastrophe Information](#)

Feedback

Financial Services

Insurance Options

Meet American Family

Quotes

(Step 4 of 4) Other Person Information

Please enter as much information as you have available

Role played in accident/incident

☐ Check here if the name is unknown

First name

Middle Initial

Last name

Address 1

Address 2

City

State

ZIP Code

Email address

Contact telephone ext.

Contact telephone ext.

Please enter any damaged property belonging to this person

If this person was injured, please complete the following information.

Description of injury

Was an ambulance needed? ☐ Yes ☒ No

Medical provider/s
i.e., hospital, clinic

Were there other persons involved?
ex. witnesses, pedestrians, bicycle riders ☐ Yes ☒ No

FIG. 7B

Please indicate the damage this vehicle has sustained.

Light: Scratched and/or slightly dented

Medium: Significantly dented, could include slight structural damage

Heavy: Significant structural damage

	Front None	
Left front None		None Right front
Top None		
Left side None		None Right side
		None Underside
Left rear None		None Right rear
	Rear None	

☐ Allover
☐ Engine
☐ Interior
☐ Airbag
☐ Fire
☐ Wheel
☐ Other

FIG. 8

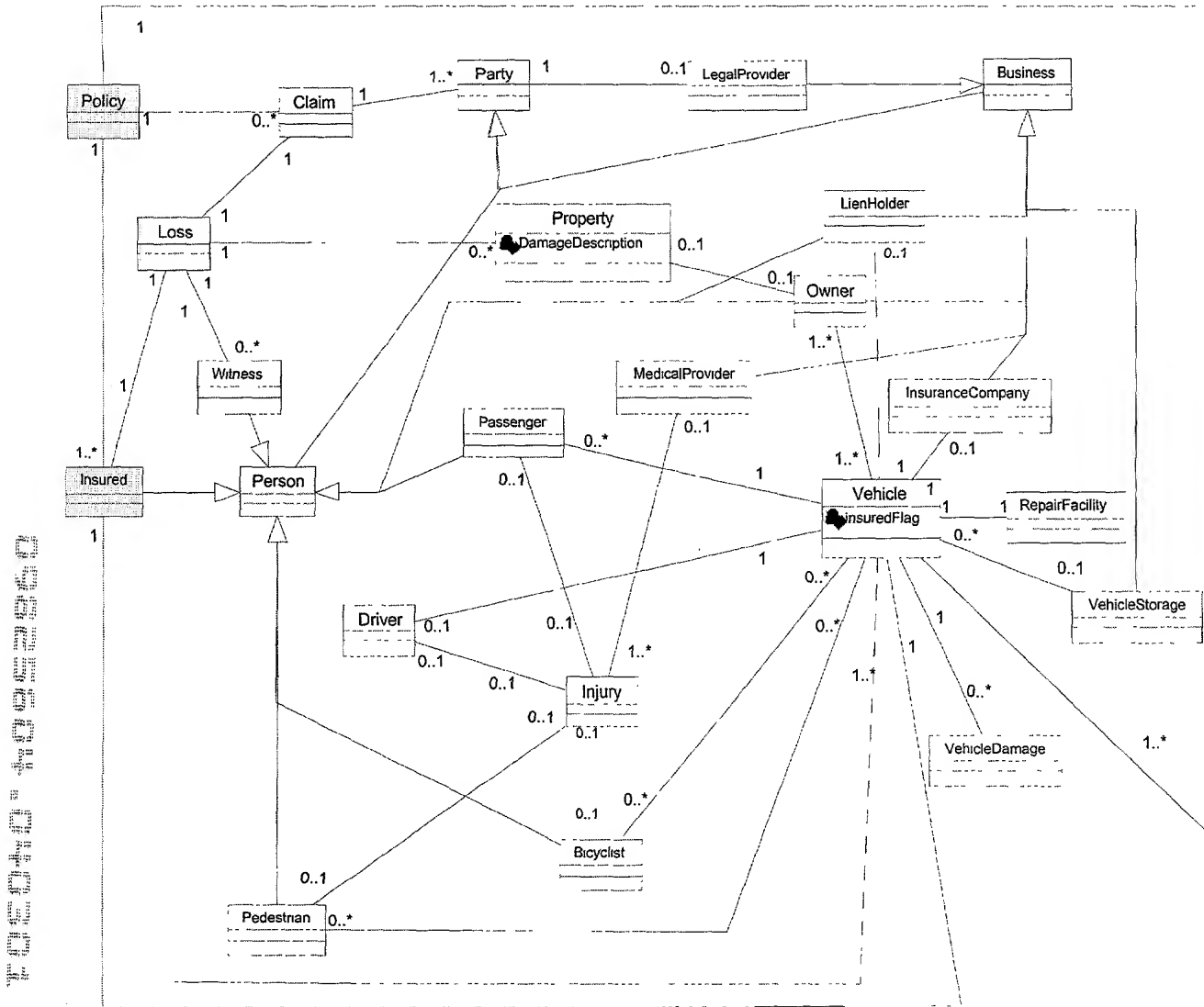


FIG. 9A

Claim	Loss	Policy	Coverage	Party
Claim Number	Date of Loss	Policy Type	Coverage type	Party type
	Time of Loss	Policy Name	Coverage amount	
	Weather Condition	Coverage begin date	Coverage deductible	
	Loss Type	Coverage end date		
	Loss Location	Policy period #		
	Loss Description			
	# Vehicles Involved			
	Anyone Injured?			
	Any law enforcement?			
	Law enforcement name			
	Report #			
	Any witnesses?			
	Any pedestrians?			

Individual	Business	Vehicle	Property
First Name	Business Name	Year	Owner Name
Middle Name	Tax ID Number	Make	Property Description
Last Name	Contact Name	Model	Address
Date of Birth	Contact Info	VIN	Phone
Social Security #	Reference Type	Color	email
Gender	Reference Number	Mileage	
Marital Status	Address	Lienholder	
DL State	Phone	Any/Other Insurance	
DL #	email	License plate State	
Address		License plate number	
Phone		Driver	
email		Passenger	
Injured?		Owner	
Deceased?			

Address	Phone	email	Injury	Vehicle Damage	Property Damage
Type	Type	email address	Type of Medical	Drivable?	Livable?
Street 1	Number		Amount of Medical	Damage location	Description
Street 2			Injury description	Damage severity	Contractor chosen?
City			Medications	RF Chosen?	Contractor Information
State			Body Part	RF Information	Estimate provided?
Zip			Type of Injury	Estimate provided?	Estimate amount
County				Estimate amount	
Country					

FIG. 9B

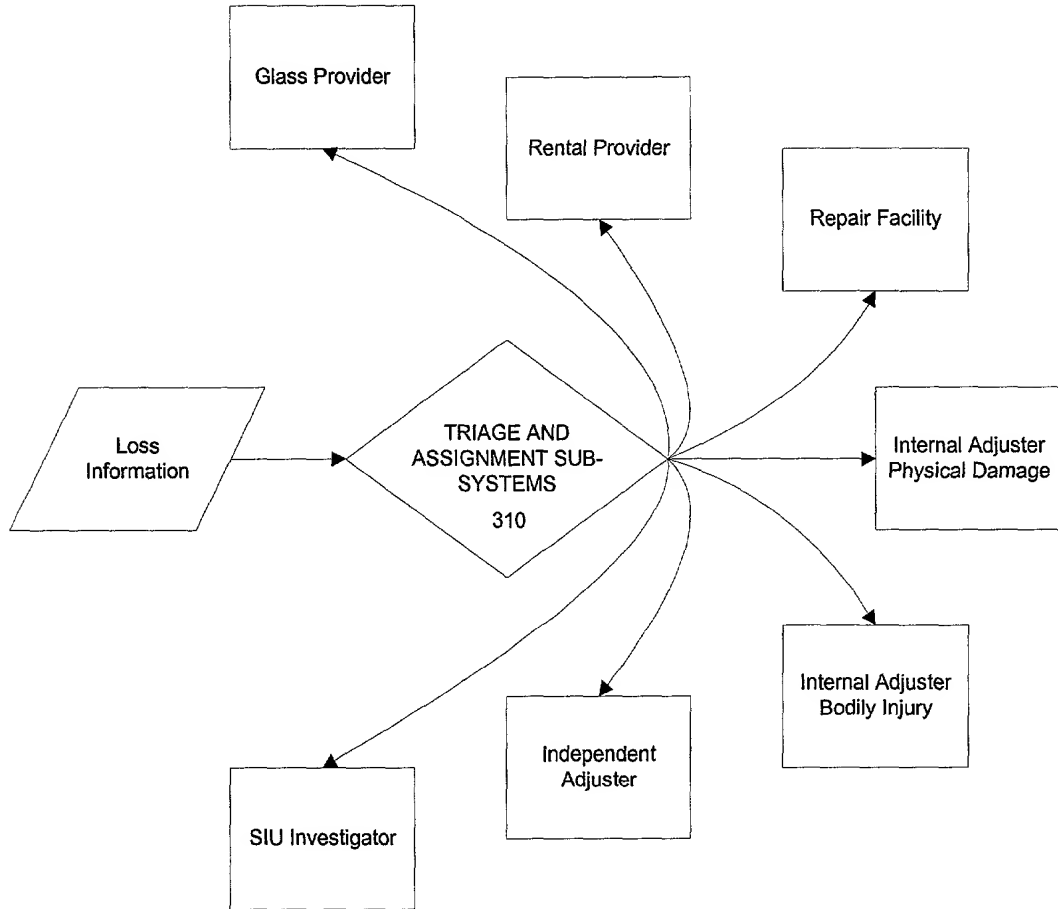


FIG. 10

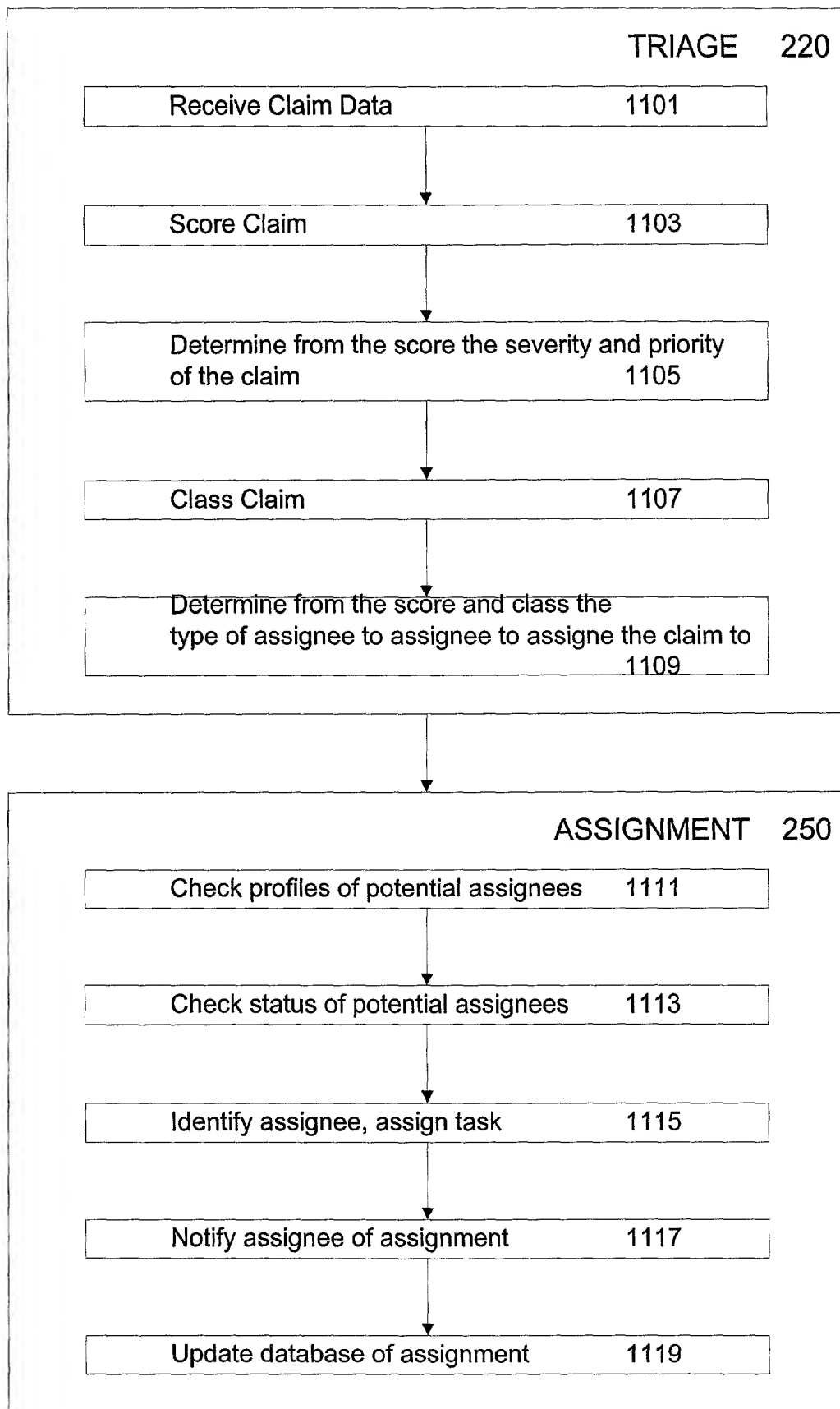


FIG. 11

Date of Loss	Insured	Claimant	Claim #	Policy #	Date of Last Activity
10/1/00	Bob Dylan	Tom Rush Carole King	213-13-359478	6457631	10/2/00
10/1/00	Swanson Perkins	Swanson Perkins Steve Johnson	356-35-633245	3563245	10/2/00
10/2/00	Patrick Sorensen	Patrick Sorensen Parkash Ravindikertum	343-43-363787	8584345	10/4/00
10/5/00	Carlos Vidal	Carlos Vidal	232-12-409865	8712346	10/7/00
10/6/00	Tracy Mertzler	Tracy Mertzler	232-24-367867	098770	10/14/00

FIG. 12A

Claim ID: 213-13-359478
Policy 5603-1246
Vehicles
1997 Blue Honda Accord
Bob Dylan
Tom Rush
1999 Ford Mustang
Carole King
Unknown
Property
Stop sign
Other parties
Lani Mitchell

Claim ID: 213-13-359478 for Bob Dylan: DOL 1/1/2001
Actions: [ASSIGN APPRAISAL](#) [RETURN TO LIST](#)
Insured vehicle
Make: Honda Model: Accord Year: 1997 Color: Blue
License plate: 4356-SR4 State: CA Mileage:
VIN: 12345ASDV-5345345D
Drivable: YES
Engine damage: NO
Interior damage: NO
Air bag deployed: YES
Fire damage: NO
Tire damage: YES
Damage description: Damage to the front bumper, front grill, left front light and

FIG. 12B

envera directories - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Favorites History Mail

Links

Address C:\Documents and Settings\mmage\l\Desktop\FFIC 1-19-01\FFIC demo 3\vendor_search.htm

Deskview Directories System Administration Help Close

Assign Appraisal Vendor
Claim ID: 213-13-359478 for Bob Dylan - 1997 Blue Honda Accord

Address	975 Island Drive	Vendor Type	ALL
City	Redwood Shores	Request Type	ALL
State	CA	ZIP Code	94065
		Max distance	
Search			

Done My Computer

FIG. 12C

envera directories - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Favorites History Mail

Links

Address C:\Documents and Settings\mmage\l\Desktop\FFIC 1-19-01\FFIC demo 3\assignment_txt_vendors.htm

Deskview Directories System Administration Help Close

Assign Appraisal Vendor
Claim ID: 213-13-359478 for Bob Dylan - 1997 Blue Honda Accord

Address	975 Island Drive	Vendor Type	ALL
City	Redwood Shores	Request Type	ALL
State	CA	ZIP Code	94065
		Max distance	
Search			

Vendor type	Specialty	Company	Vendor Information	Distance From Address	
Staff	Heavy Eq.	Robert Bryce	1001 Mulberry Street San Jose, CA 94404 800-555-2355	3 miles	Select this vendor
		ACME Auto Repair	456 First Street, San Jose, CA 94404	2 miles	Select this vendor

Done My Computer

FIG. 12D

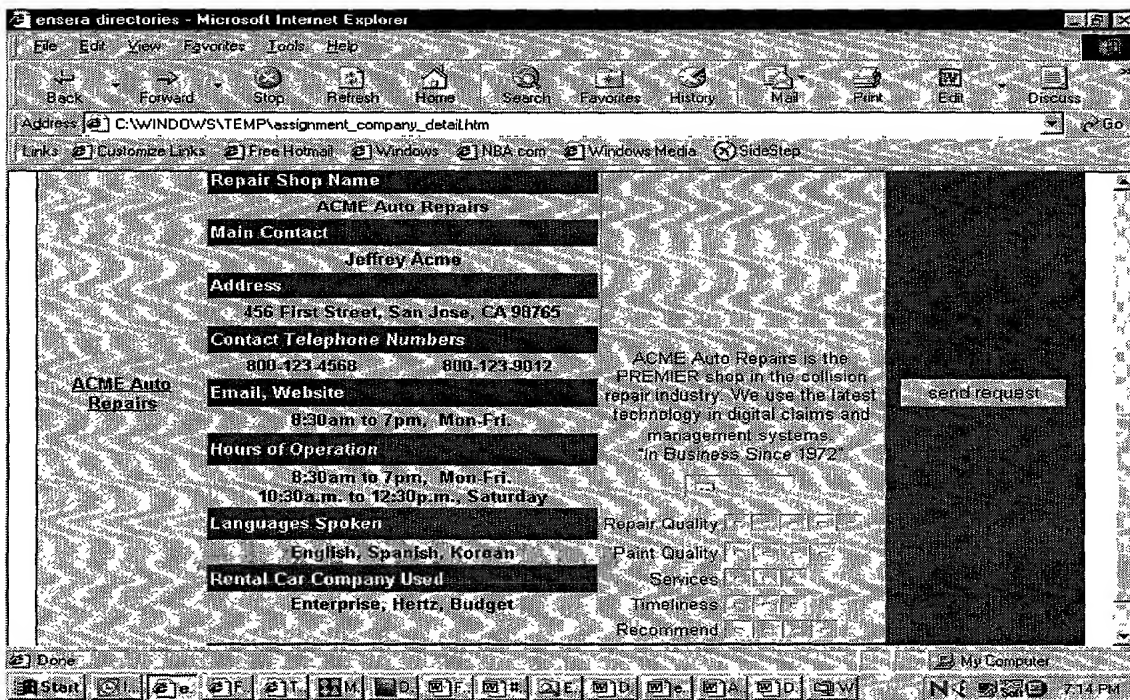


FIG. 12E

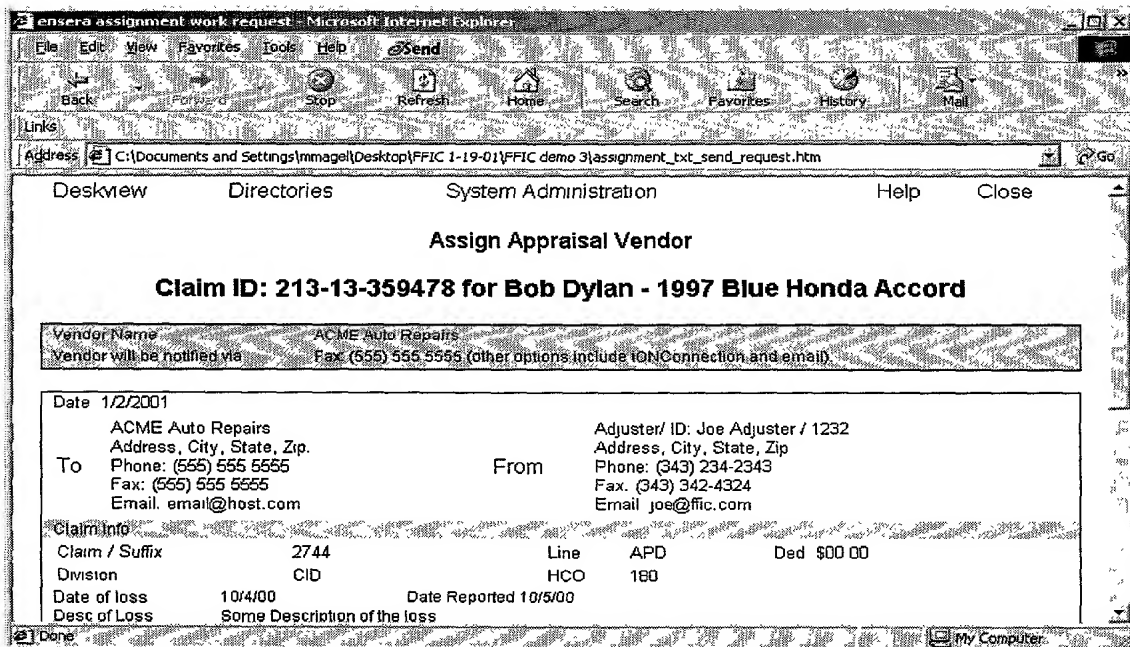


FIG. 12F

Field NAMES	Format	DATA LEVEL	Description
Claim number	###-##-##### ALPHA NUM	CLAIM	Aco-yr-claim#
Insured name	ONE FIELD- 30 BYTES	CLAIMS SUFFIX	
HCO	### = 3 DIGITS	CLAIM	ID FOR HANDLING CLAIM OFFICE
Status	X = ONE LETTER	SUFFIX	o=open, c=closed; p=pending, r=reopened
Rep / CA	XXX = ALPHA NUMERIC	SUFFIX	representative or claims assist assigned to suffix - REASSIGNED
SUP		SUFFIX	ID ADJUSTER OR SIU ON REASSIGNED CLAIM
RECEIVE DATE	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =REPORT DATE
DATE OF LOSS	Cc/YY/MM/DD	CLAIM	8 DIGIT DATE =DOL
DATE OF MAKE UP	Cc/YY/MM/DD	SUFFIX	8 DIGIT =FIRST RESERVE
ACCIDENT LOCATION -CITY	ONE FIELD	CLAIM	AT LEAST 20 BYTES
STATE	TWO DIGIT ALPHA	CLAIM	2 BYTES
SUFFIX - SX	XXX =3 DIGIT NUMERIC	SUFFIX	ID'S CLAIM SEGMENT/COVERAGE
LINE ABBREVIATION	5 BYTES	SUFFIX	COL=COLLISION; APD=THIRD PARTY; AOC=COMPREHENSIVE/RENTAL
CLAIMANT / OBLIGEE	ONE FIELD - 30 BYTES	SUFFIX	
ADDRESS -CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
CITY - CLMNT	ONE FIELD - 30 BYTES	SUFFIX	
STATE-CLMNT	TWO DIGIT	SUFFIX	STATE CLAIMANT RESIDES
ZIP CODE	#####-#### 9 BYTES	SUFFIX	STD PLUS 4 FORMAT
AC - AREA CODE -CLMNT	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-CLMNT	###-####	SUFFIX	STANDARD
ATTORNEY	ONE FIELD - 25 BYTES	SUFFIX	
DEDUCTIBLE AMOUNT	ONE FIELD - 7 BYTES	SUFFIX	
AC - AREA CODE -ATTRNY	### = 3 DIGITS	SUFFIX	STANDARD
PHONE NUMBER-ATTRNY	###-####	SUFFIX	STANDARD
PLAINTIFFS FIRM/BUSINESS	ONE FIELD - 25 BYTES	SUFFIX	STANDARD
DESCRIPTION OF LOSS	2 SECTIONS - 45 BYTES	CLAIM	ALPHA NUMERIC
POLICY NUMBER	XXX-XXXXXXX 11 BYTES ALPHA NUMERIC	CLAIM	3 CHAR PREFIX,8 DIGIT POL. #
EFFECTIVE DATE	Cc/YY/MM/DD	CLAIM	8 char
EXPIRATION DATE	Cc/YY/MM/DD	CLAIM	8char
VEHICLE MAKE	10 BYTES ALPHA NUMERIC	CLAIM	
VEHICLE MODEL	10 BYTES ALPHA NUMERIC	CLAIM	
AUTO NUMBER	XX= TWO DIGITS	CLAIM	NUMBER OF INSURED VEHICEL AS SHOWN ON POLICY
AUTO YEAR	XX= TWO DIGITS	CLAIM	YEAR INSURED VEHICLE WAS INVOLVED IN A LOSS
VEHICLE MODEL YEAR		CLAIM	
INSIDE APPRAISER	XXX= 3 CHARACTER	CLAIM	ID'S INHOUSE FFIC APPRAISER
VEHICLE ID NUMBER -VIN	17 CHARACTERS ALPHA NUMERIC	CLAIM	MFG UNIQUELY ID'S VEHICLE
OUTSIDE APPRAISER	20 BYTES	SUFFIX	NAME OF OUTSIDE APPRAISAL FIRM
DATE SUFFIX CLOSED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DATE SUFFIX REOPENED	Cc/YY/MM/DD	SUFFIX	SPLIT INTO THREE FIELD AT FFIC
DEDCUTIBLE INDICATOR	X= ONE CHARACTER	CLAIM	ID;'S WHETHER DED APPLIES TO CLAIM
DATE CLAIM CLOSED	Cc/YY/MM/DD	CLAIM	CLOSED AT CLAIM LEVEL
IRS NUMBER	10 DIGITS ###-##-#### (#)	suffix	SOCIAL SECURITY OR TAX ID # FOR PERSON RECEIVING PAYMENT
Invoice Number	10 digits	suffix	Internal number if intending to pay claim

FIG. 13

Header

Transaction ID: *(a unique identifier of this transaction. Use ACTIVITY_ID from ACTIVITY_LOG)*

(Title of document): *Appraisal Assignment Transmittal*

(Date of document): *01/01/2001*

Assignment type: *2 (this is a code value - ASSIGNMENT_TYPE_CV)*

Assignment type description: *CLASS shop appraisal (translation of type above)*

Assignment (to)

Assignee ID: *(the directory id for this service provider - SERVICE_PROVIDER_ID)*

ION Connection ID: *(the unique ID used for iON Connection - ION_CONNECTION_NUMBER)*

Assignee name: *ACME Auto Repair*

Address: *350 Wooster Ave*

City: *San Jose*

State: *CA*

ZIP: *95116*

Phone: *800-555-1111*

Fax: *408-965-7224*

E-mail: *acmeauto@mymail.com*

Adjuster (from)

Adjuster name (first last): *David Crosby*

Address: *777 San Marin Drive*

City: *Novato*

State: *CA*

ZIP: *94998*

Phone: *650-333-3434*

Fax: *415.899.4321*

E-mail: *dcrosby@carrier.com*

Adjuster ID: *213 F 823*

Request

(This is a short paragraph description the type of request and the how it should be handled. This paragraph along with the instruction - see below - will come from a new table which will be accessed by carrier id & assignment type)

This assignment is not a confirmation of coverage or acceptance of liability. Payment responsibility remains with the vehicle owner unless otherwise confirmed . . .

Additional comment

(This is an area for notes specific to this assignment not covered in other fields. This is optional -- OTHER_COMMENT from ASSIGNMENT.)

Instructions

(This is a list of completion instructions. This will list several steps that need to be done to complete this assignment. See notes in Request above. Probably 5 steps. Carry as 10 different fields - each with length of 50)

1. *Provide vehicle owner with copy . . .*
2. *Fax the completed Fax transmittal / status sheet, estimate . . .*
3. *Fax a copy of the estimate only to . . .*
4. *Unless we receive a Direction of Pay authorization . . .*
5. *Mail the original estimate and photos to the claims office . . .*

CCC ID: *(a code that identifies FFIC to CCC for a total loss valuation. The id is different for each state. This may not be necessary.)*

Claim information

Claim / Suffix #: *213-13-359478 001*

HCO: *640*

Date of loss: *01/01/2001*

Date reported: *01/01/2001*

Policy number: *1111111*

Deductible amount: *\$250*

Description of loss: *While driving down route 4, the car in front of me stopped short in the middle of the street. My car struck the rear of his car causing damage to my front end, including the hood and only minor damage to his rear bumper*

Insured name (first last): *Bob Dylan*

Vehicle owner information

Vehicle owner (first last): *Bob Dylan*

Address: *975 Island Drive*

City: *Redwood Shores*

State: *CA*

ZIP: *94065*

Phone 1: *work: 650.472.2600*

Phone 2: *home: 650.472.9876*

Vehicle information

Location: *at Zappa's Autobody & Repair*

Location Address:

Location City: *Santa Angeles*

State: *CA*

ZIP:

Location phone:

Year: *1997*

Make: *Honda*

Model: *Accord*

License: *4356-SR4*

Color: *Blue*

VIN: *12345ASDV-5345345D*

Description of damage: *Damage to the front bumper, front grill, left front light, and to the hood.*

Prior damage: *None reported*

Drivable: *Yes*

FIG. 14

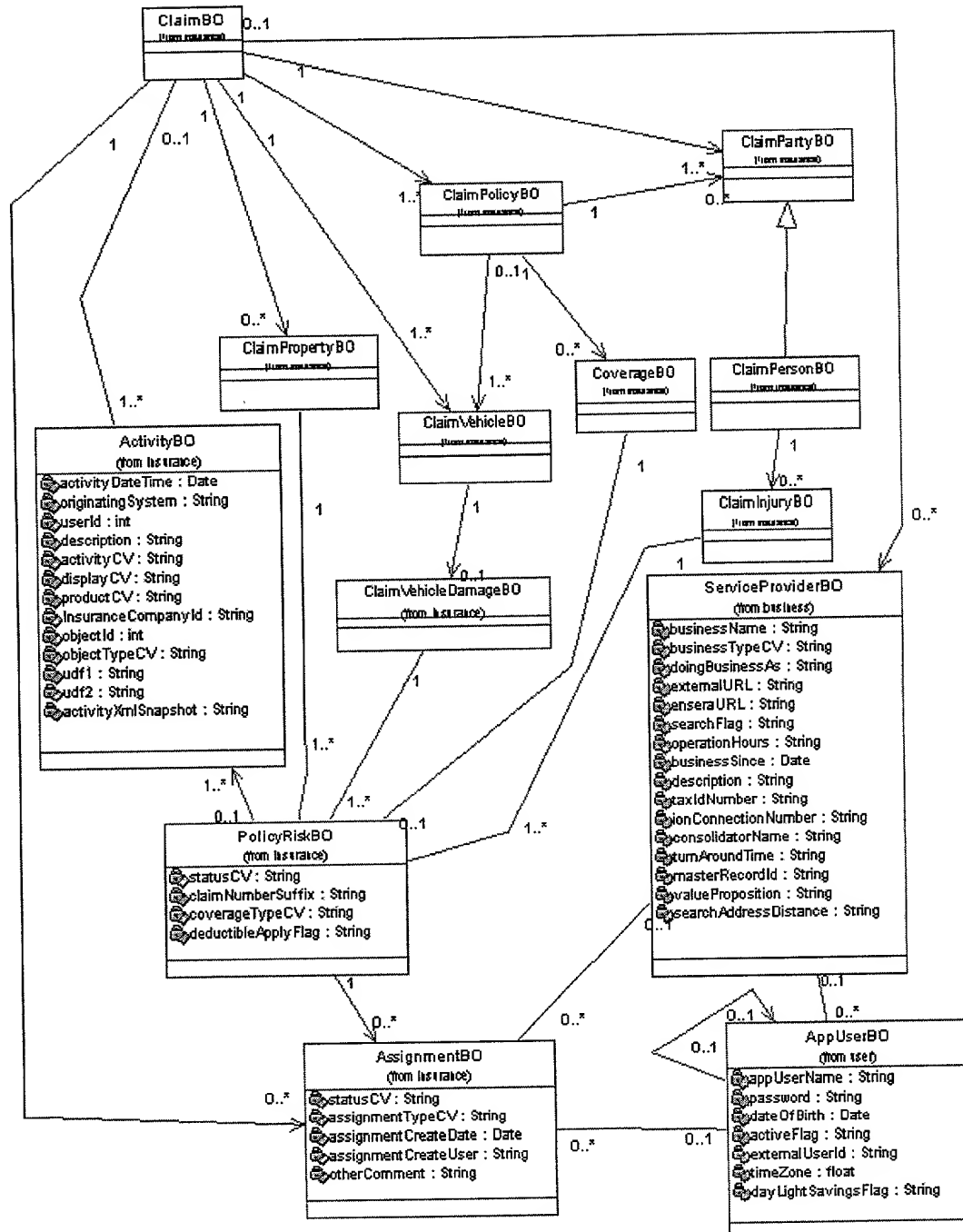


FIG. 15

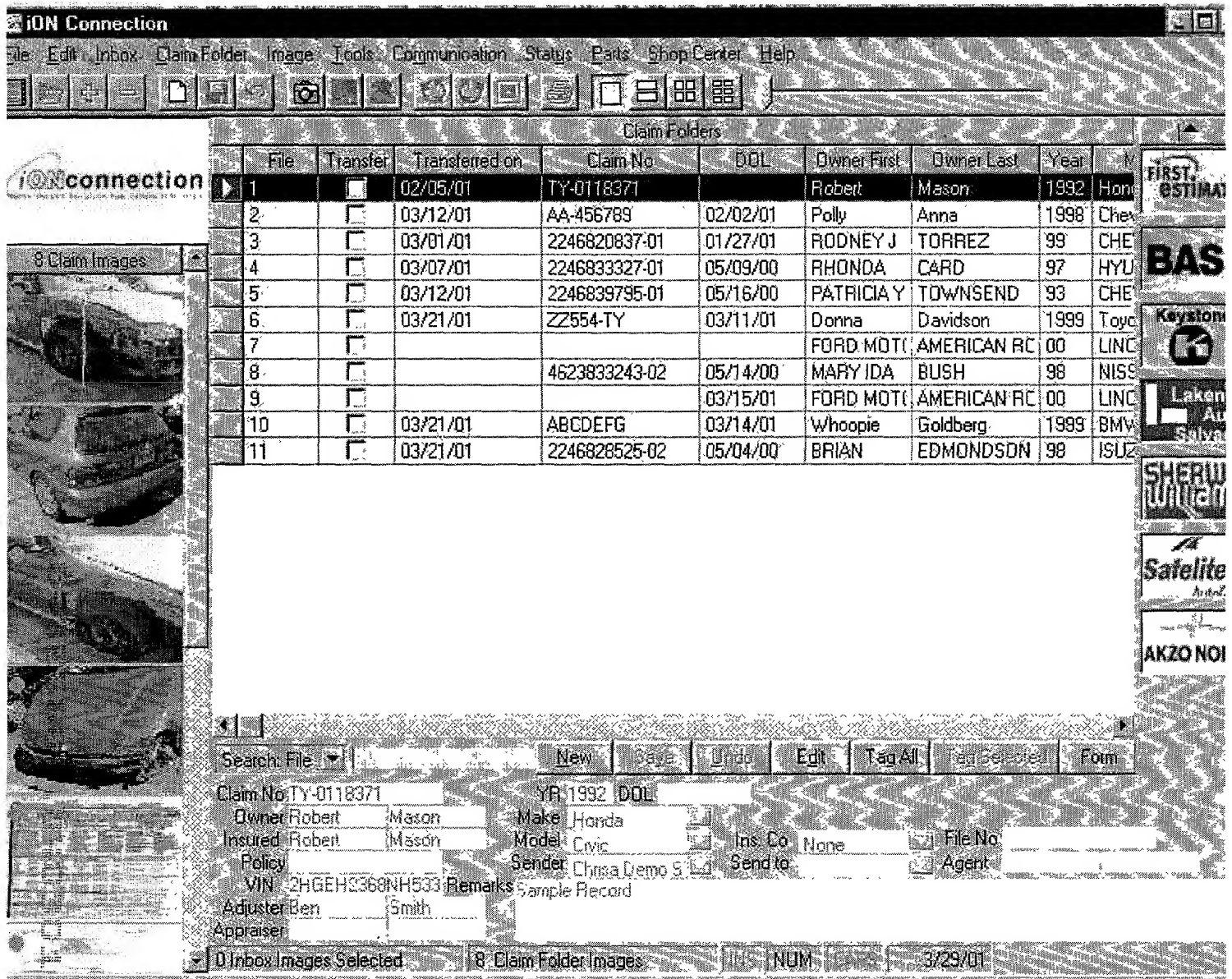


FIG. 16



FIG. 17

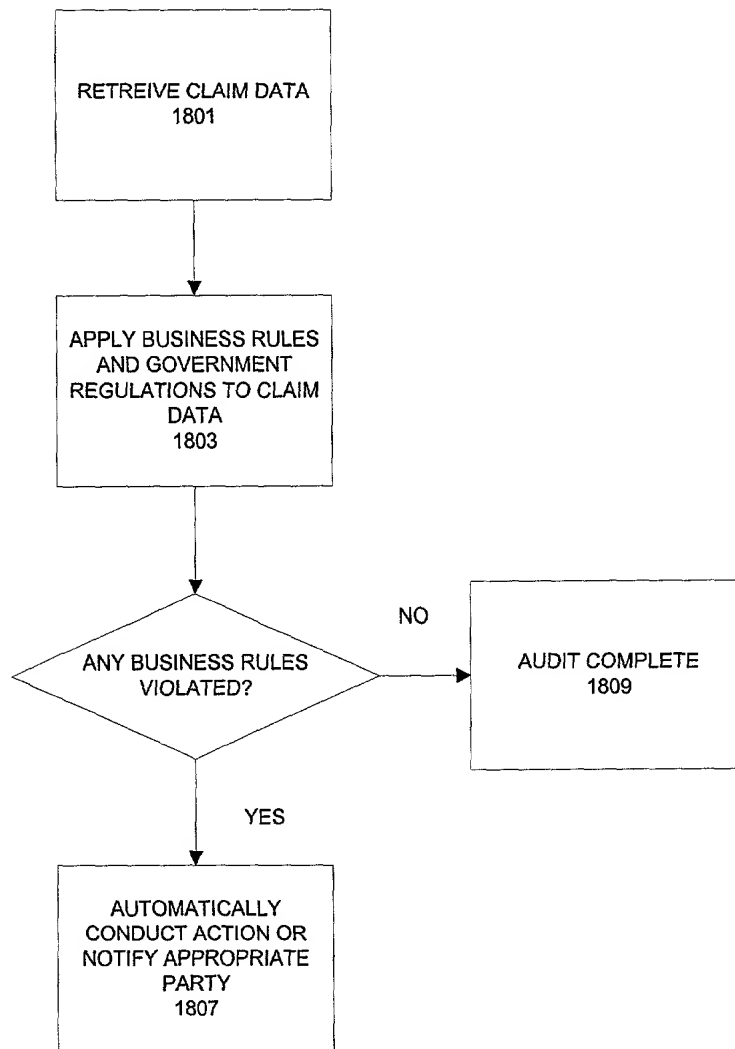


FIG. 18

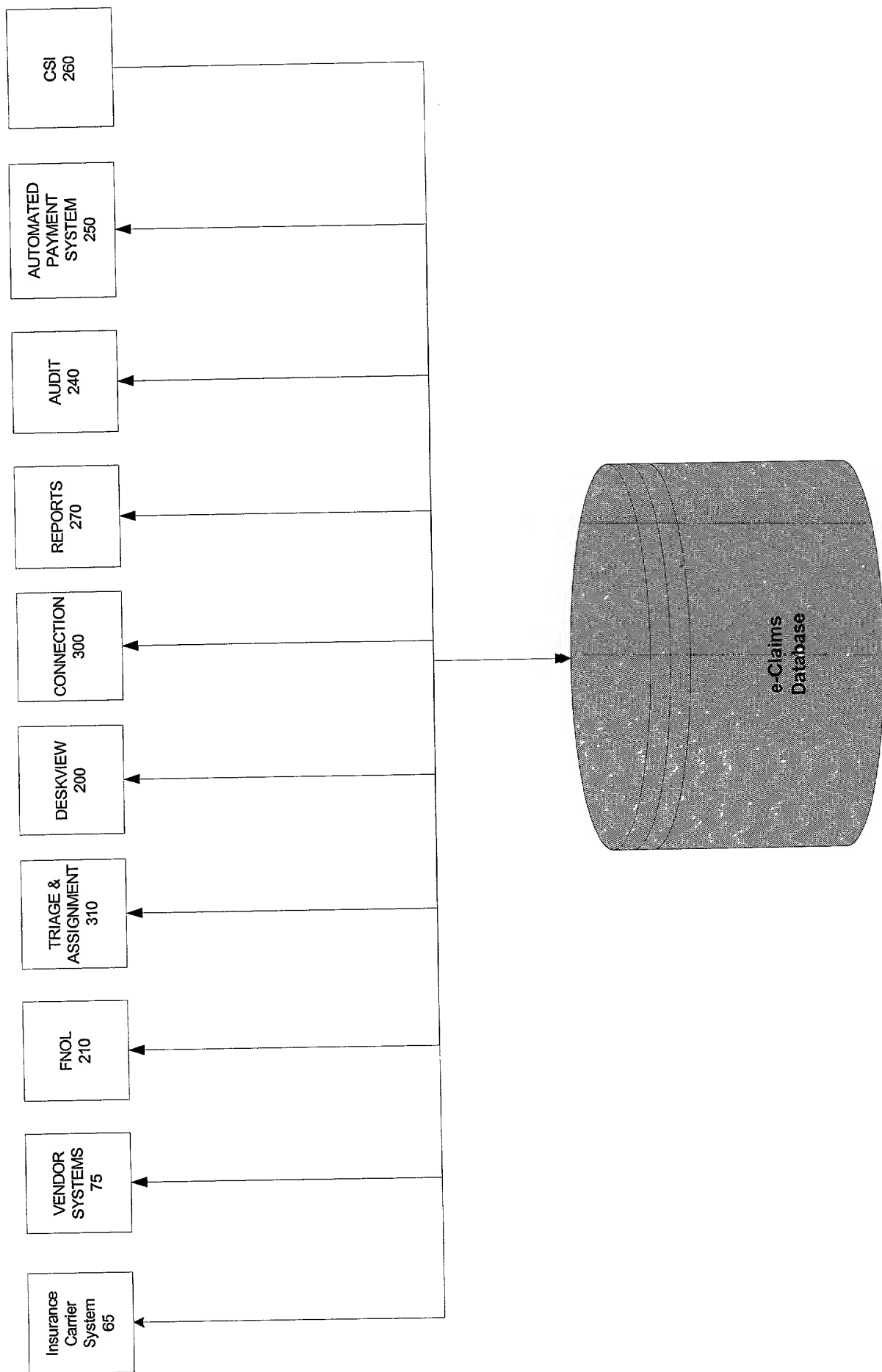


FIG. 19

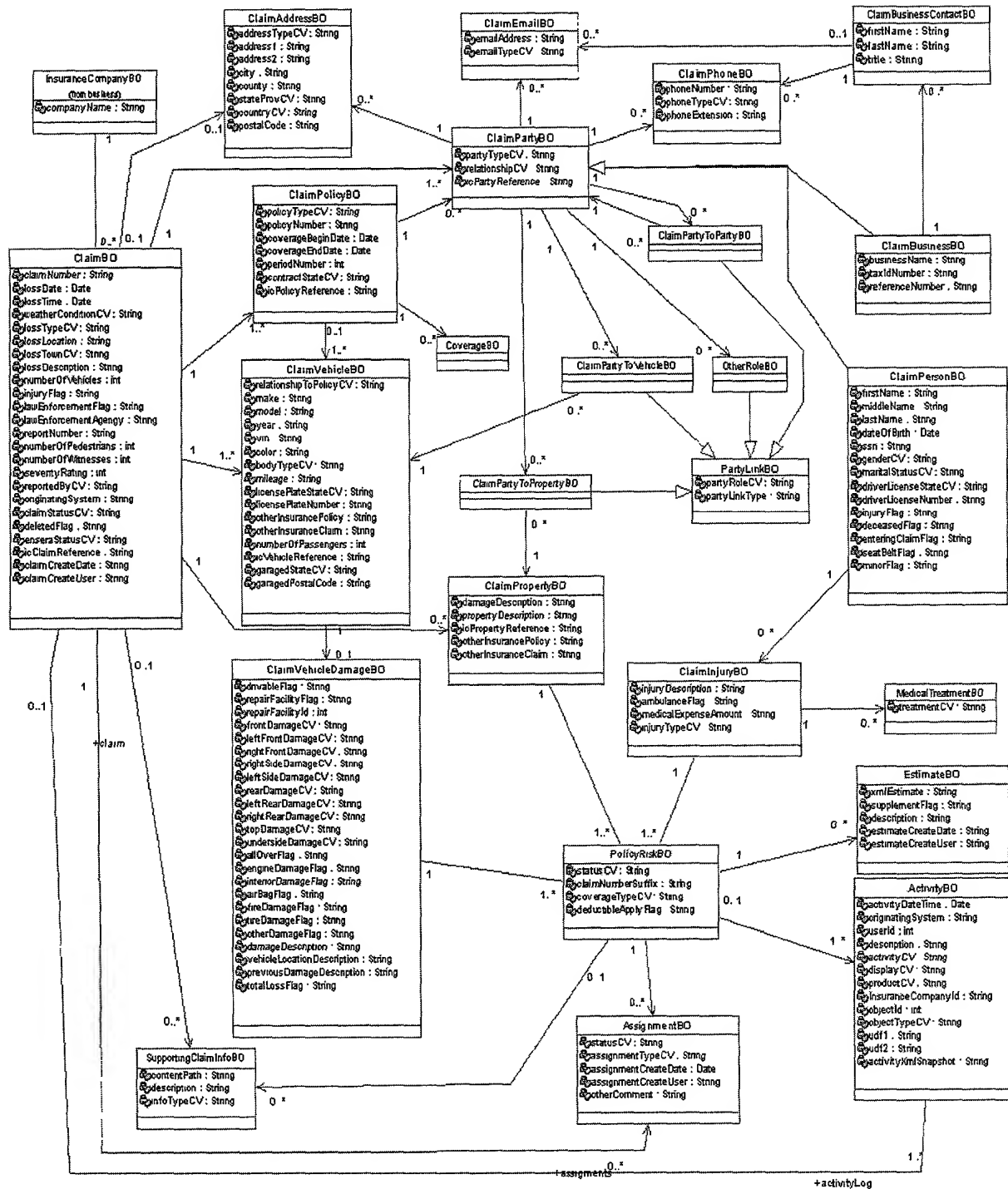
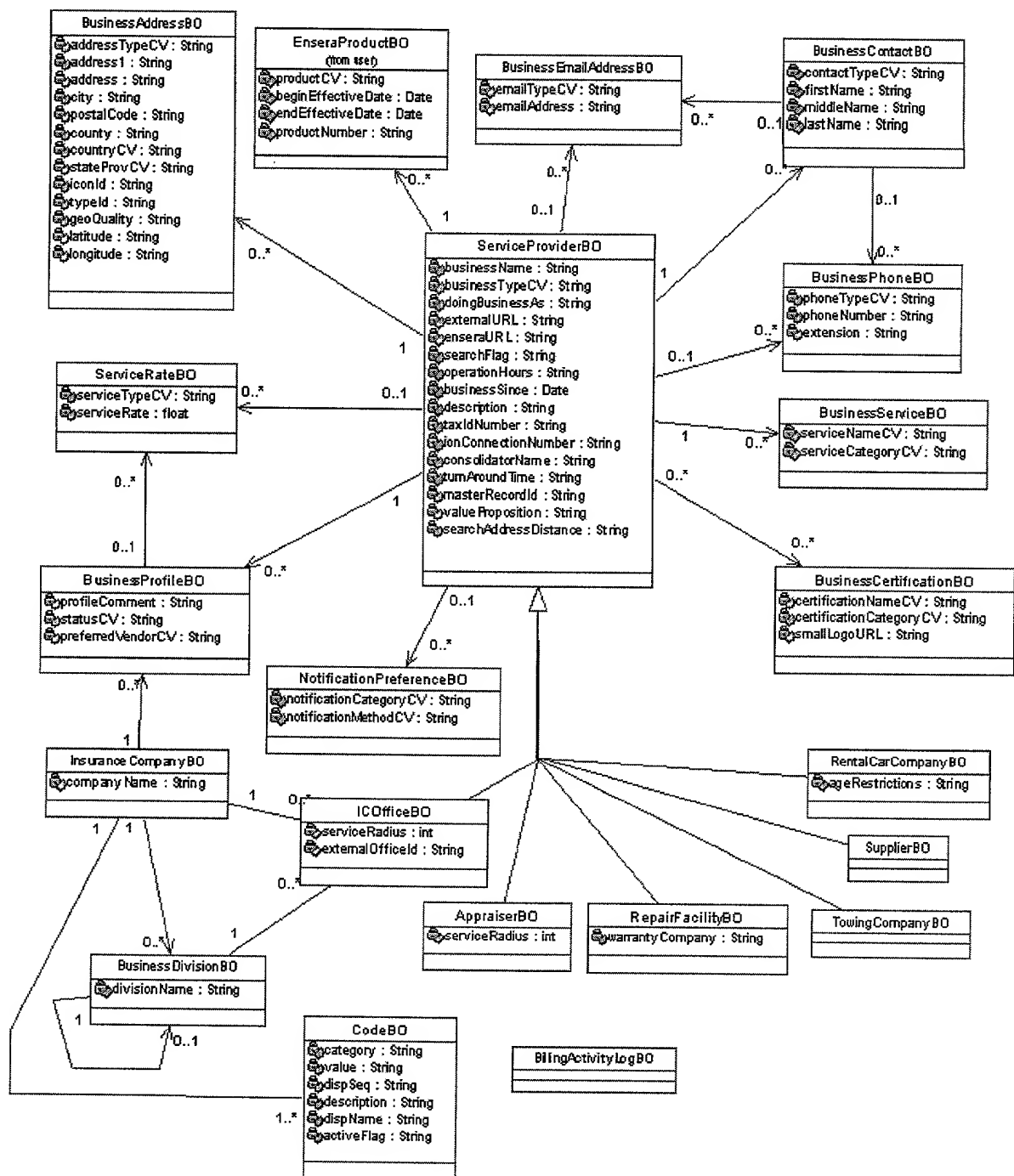


FIG. 20



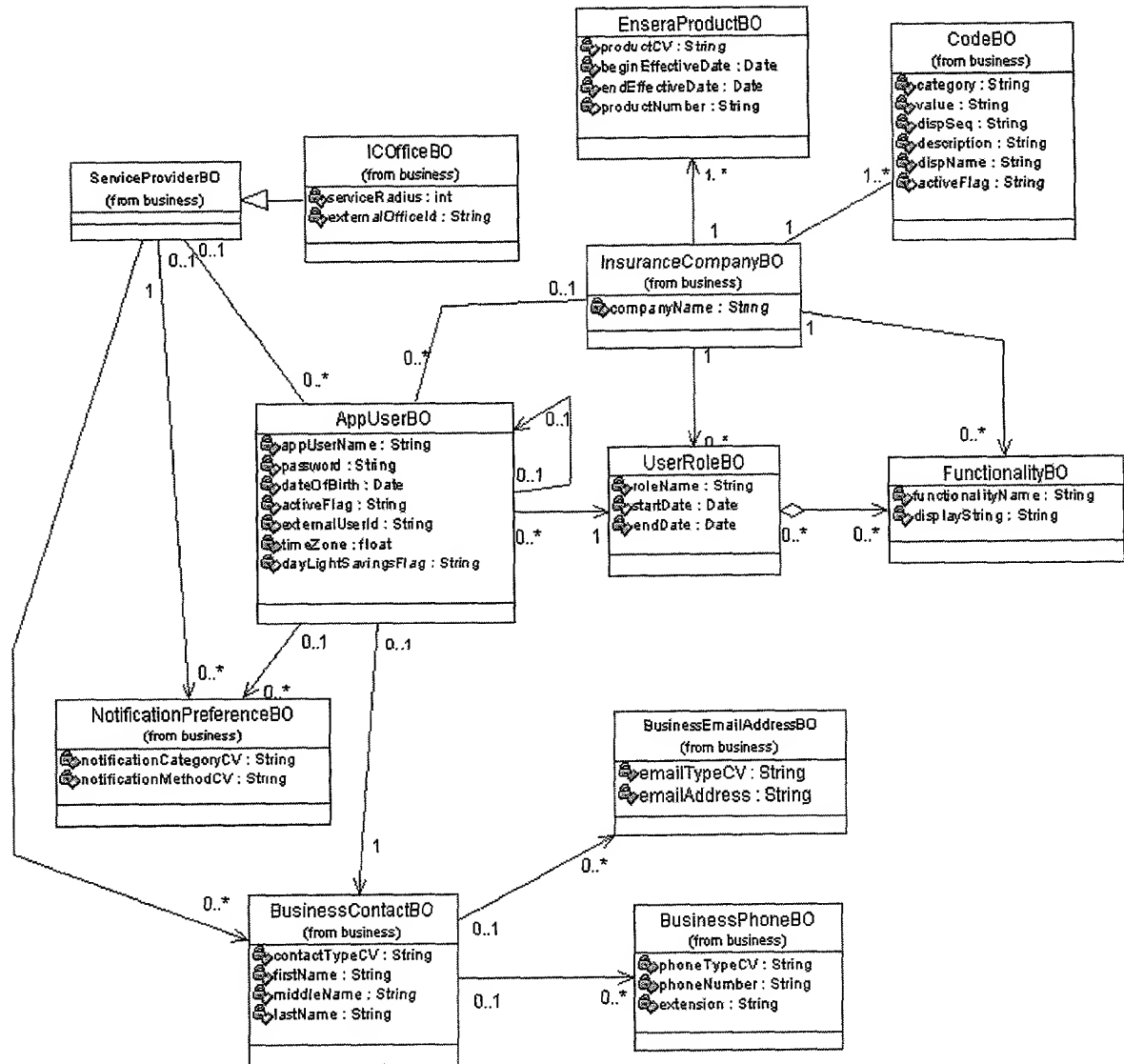


FIG. 22

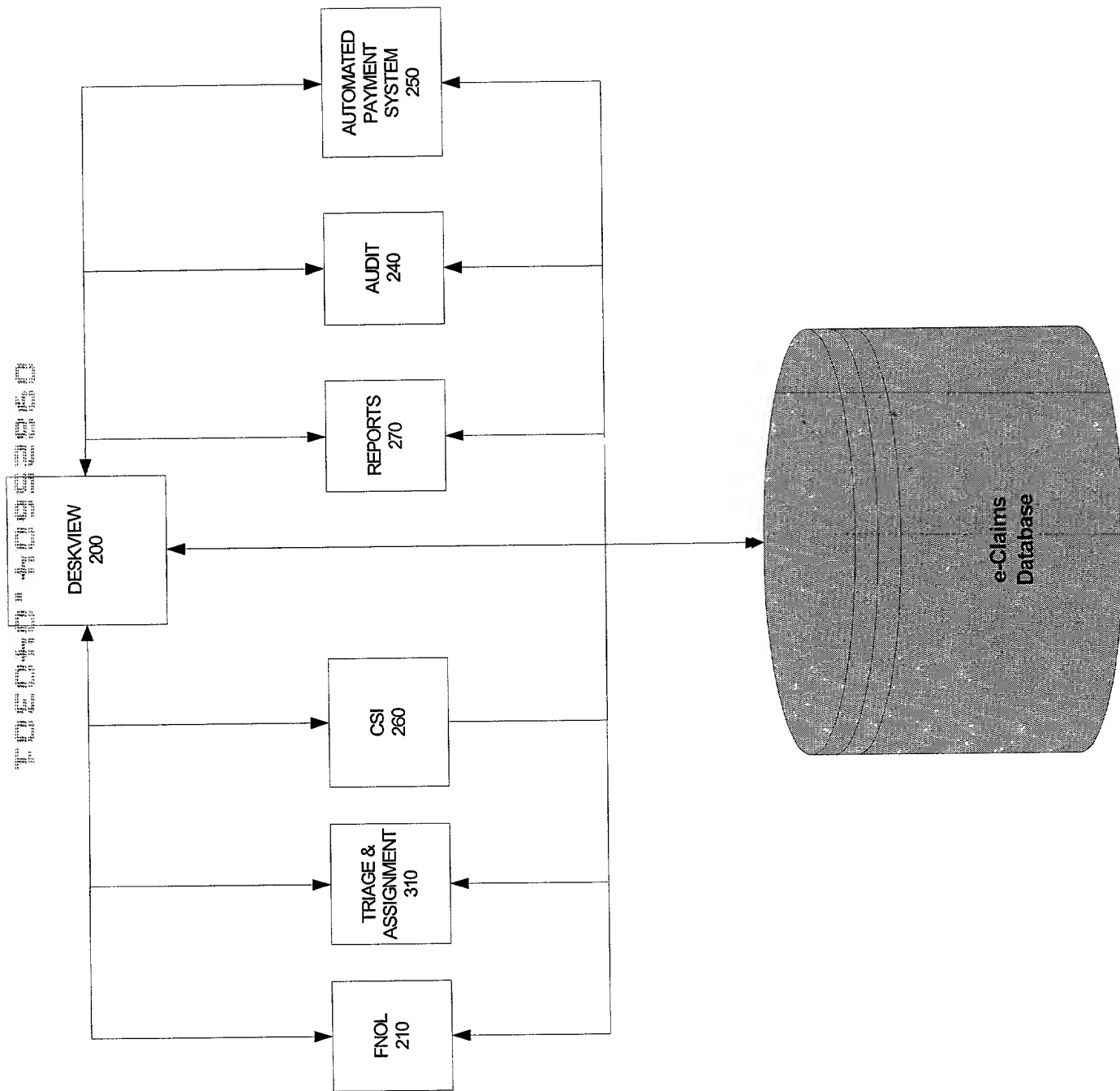
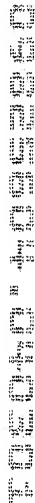
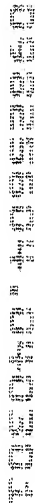


FIG. 23

[illegible][illegible]

ensera_resources - Microsoft Internet Explorer

File Edit View Favorites Tools Help Send

Back Forward Stop Refresh Home Search Favorites

Links

Address C:\Documents and Settings\mmagel\Desktop\WEB\claim_search.htm Go

Home Directory Reports Management Admin Help

Claim number		Date of Loss	
Insured Last Name		Adjuster ID	213 F 823
Claimant Last Name		Status	Open only
Policy Number		search	

My Computer

FIG. 25

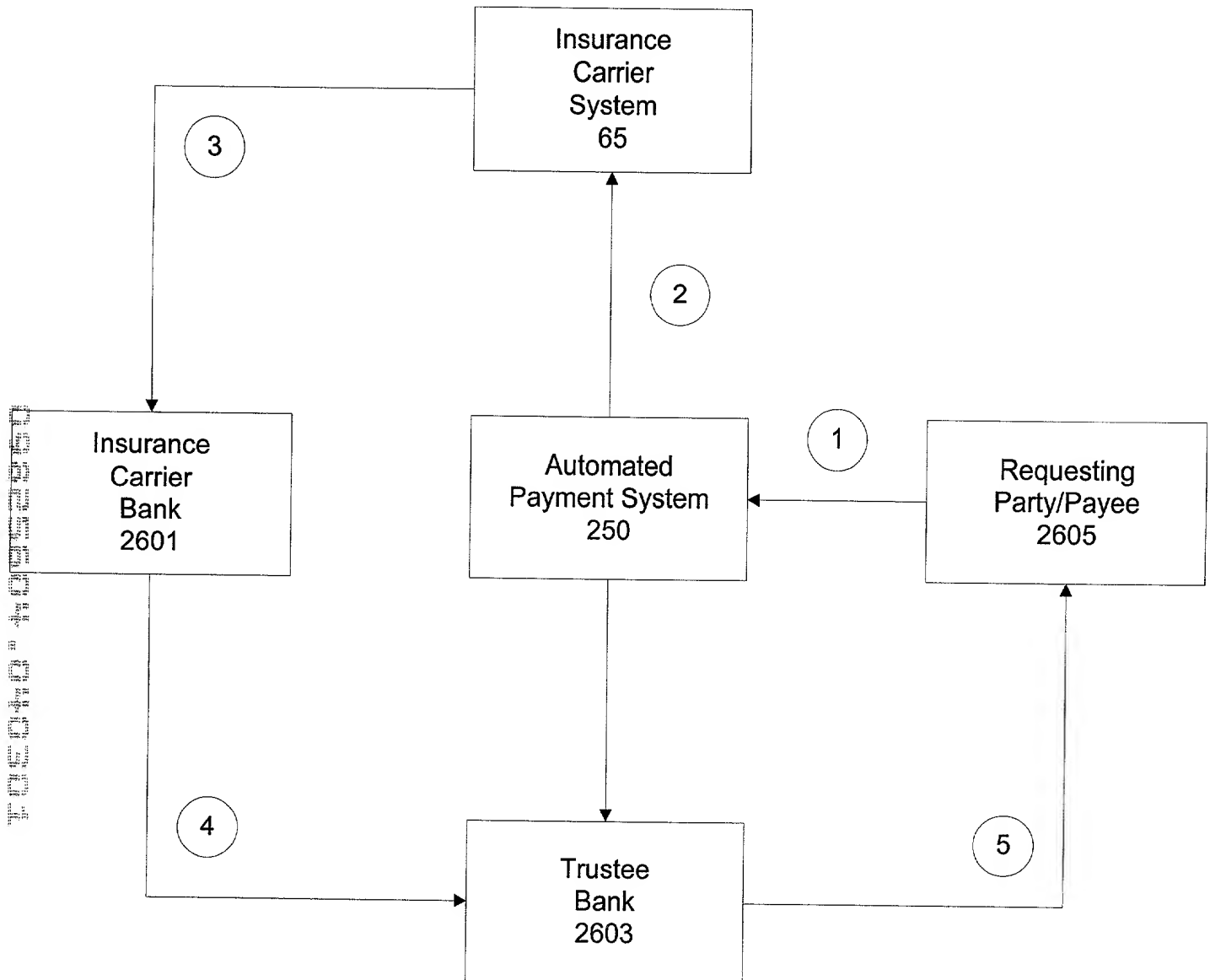


FIG. 26

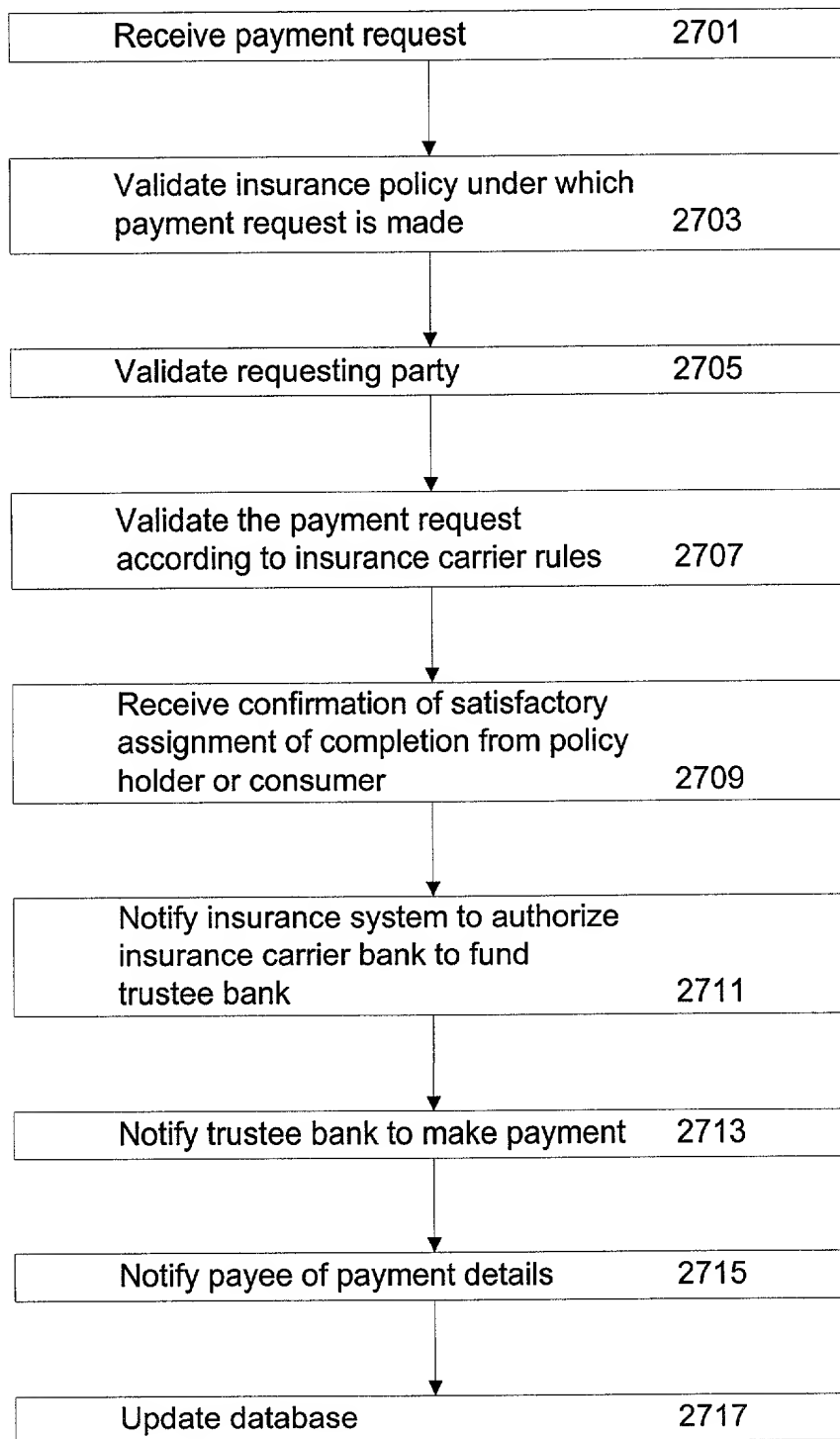


FIG. 27

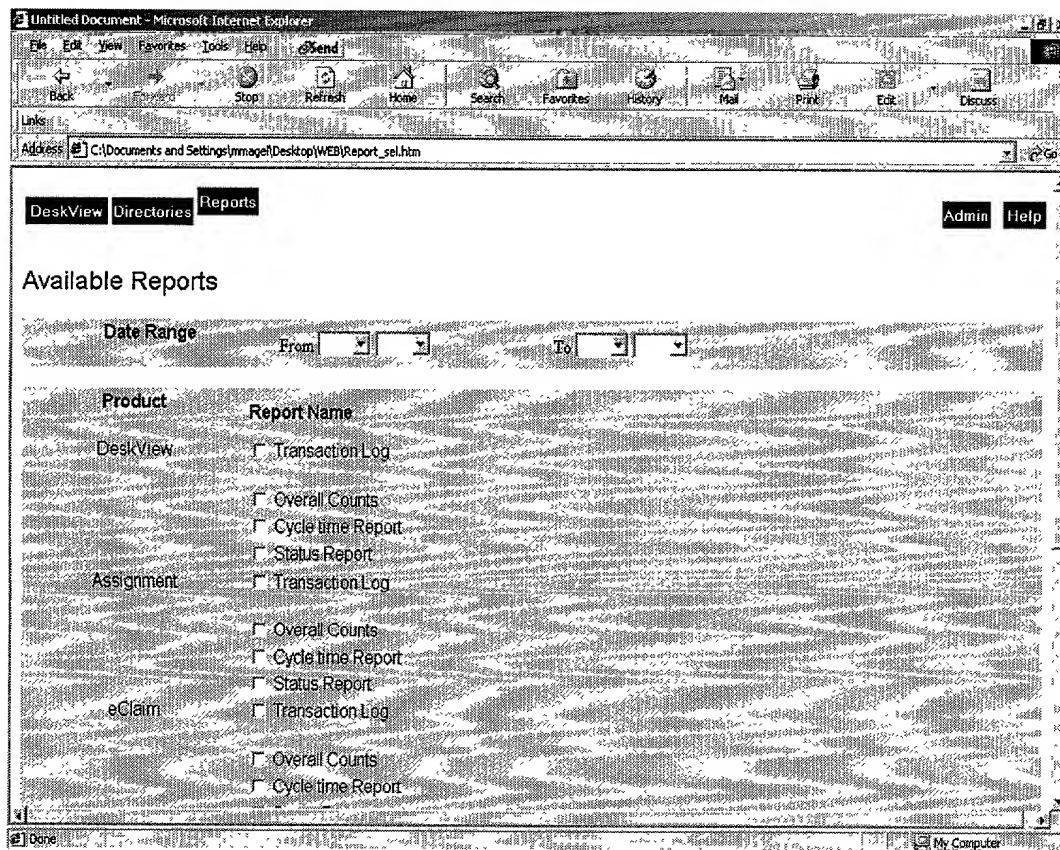


FIG. 28

Microsoft Excel - Management reports - rev3

File Edit View Insert Format Tools Data Window Help

9 Arial

F8 New

Claims (#)

1

2 **Group** Farmwide Mutual Insurance Group

3 **Company** Farmwide Personal Auto

4 **Region/Zone** All Regions

5 **Date Range** 11/1/2000 - 12/1/2000

6

7 **GEOGRAPHICAL** **WORKLOAD** **LOSS** **PARTS**

Regions	States	New Claims (#)	Est. Rec'd (#)	Est. Conv. Rate	Claim Rec'd per Day	Total Severity (avg-incl. supps)	Avg Supp. Amt. (\$)	Supps Vs Est. (%)	Non-Driveable Vch Ratio	Drive-In Only Vs Est. Ratio	OEM %	A/M Parts %	Salvage Parts %	Parts Cost Vs Total Est.
Regional Summary														
Region 1		1132	873	75%	36	\$ 2,341.00	\$ 792.25	36%	23%	48%	93%	7%	0%	\$ 809.38
Region 2		1230	630	56%	11	\$ 1,116.63	\$ 94.25	8%	17%	42%	39%	12%	19%	\$ 336.94
Region 3		375	281	54%	16	\$ 1,972.00	\$ 956.25	21%	18%	40%	87%	3%	11%	\$ 910.73
Region 4		774	382	54%	26	\$ 3,463.50	\$ 600.50	10%	16%	11%	12%	52%	8%	\$ 1,395.26
Average		902	546	60%	30	\$ 2,224.03	\$ 510.56	19%	18%	45%	85%	26%	9%	\$ 880.57
Total		3600	2004		120	\$ 6,896.13	\$ 2,842.75							\$ 3,142.29
Region 1 - State Breakout														
California		400	435	108%	13	\$ 1,375.00	\$ 885.00	84%	33%	82%	75%	25%	0%	\$ 797.50
Oregon		335	275	82%	11	\$ 3,212.00	\$ 1,100.00	34%	25%	62%	98%	2%	0%	\$ 1,124.00
Nevada		285	65	23%	10	\$ 3,000.00	\$ 898.00	30%	7%	17%	100%	0%	0%	\$ 600.00
Washington		112	98	87%	4	\$ 1,789.00	\$ 286.00	16%	26%	65%	100%	0%	0%	\$ 716.00
Average		283	218	75%	9	\$ 2,344.00	\$ 792.25	36%	23%	50%	93%	7%	0%	\$ 809.38
Total		1132	873		38	\$ 9,376.00	\$ 3,169.00							\$ 3,237.50
Region 2 - State Breakout														

Ready

Start Manage... ON Rep... ON Rep... Microsoft... Microsoft... Microsoft...

FIG. 29

Microsoft Excel - Htttl: SAMPLE.DATABASE 12-1-00

File Edit View Insert Format Tools Data Window Help

9 Arial

G7 Kate Toby

CLAIM #	STATE	COVERAGE	Zone	Region	Claims office	DESK	Adjuster	Staff Appraiser	Policy Submitted	Time Submit
1	MO	hail	5	Southeast	E	adjuster 200	appraiser 526		12/17/1999	12:00 PM
3	IL	thefts	3	Midwest	D	adjuster 112	Appraiser 58		12/17/1999	12:04 PM
4	IL	no other vehicle	3	Midwest	D	adjuster 117	Appraiser 59		12/17/1999	3:27 PM
5	IL	bicyclist	3	Midwest	D	adjuster 112	Appraiser 60		12/19/1999	3:59 PM
6	IL	other vehicle	3	Midwest	D	adjuster 111	Appraiser 56		12/21/1999	11:29 AM
7	CA	no other vehicle	1	West	B	Kate Toby	Axle Rose		1/8/2000	4:25 PM
9	CA	other vehicle	1	West	B	Tom Otto	Jimmy Page		1/10/2000	2:06 PM
10	CA	no other vehicle	1	West	B	Susan Wen	Janis Joplin		1/10/2000	5:19 PM
11	CA	bicyclist	1	West	B	Kate Toby	Geraldine Hagar		1/10/2000	6:51 PM
12	CA	bicyclist	1	West	B	Tom Otto	Jenny Hifinger		1/11/2000	1:02 PM
13	CA	bicyclist	1	West	B	Susan Wen	Abe Lincoln		1/12/2000	3:47 PM
14	CA	no other vehicle	1	West	B	Kate Toby	George Washington		1/13/2000	10:18 AM
15	WI	flood	3	Midwest	F	adjuster 300	appraiser 435		1/14/2000	6:43 AM
16	CA	bicyclist	1	West	B	Tom Otto	Thomas Jefferson		1/15/2000	12:26 PM
17	CA	no other vehicle	1	West	B	Susan Wen	Tim Wend		1/16/2000	5:11 PM
18	MO	bicyclist	5	Southeast	E	adjuster 201	appraiser 527		1/18/2000	10:17 PM
19	CA	no other vehicle	1	West	B	Tom Otto	Axle Rose		1/20/2000	12:57 PM
20	CA	other vehicle	1	West	B	Susan Wen	Jimmy Page		1/20/2000	9:56 PM
21	CA	no other vehicle	1	West	B	Kate Toby	Janis Joplin		1/24/2000	9:22 PM
22	CA	no other vehicle	1	West	B	Tom Otto	Geraldine Hagar		1/25/2000	8:39 PM
23	MO	no other vehicle	5	Southeast	E	adjuster 202	appraiser 528		1/27/2000	10:41 AM
24	CA	collision w/animals	1	West	B	Susan Wen	Jenny Hifinger		1/27/2000	3:47 PM
25	CA	bicyclist	1	West	B	Tom Otto	Abe Lincoln		1/29/2000	6:26 PM
26	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436		1/30/2000	2:13 AM
27	WI	no other vehicle	3	Midwest	F	adjuster 302	appraiser 436		2/2/2000	6:41 AM
28	CA	collision w/animals	1	West	B	Susan Wen	George Washington		2/2/2000	11:13 AM
29	WI	collision w/animals	3	Midwest	F	adjuster 301	appraiser 436		2/2/2000	9:40 PM
30	MO	pedestrian	5	Southeast	E	adjuster 203	appraiser 526		2/2/2000	9:47 PM
31	CA	no other vehicle	1	West	B	Kate Toby	Thomas Jefferson		2/3/2000	7:58 PM

Ready

Start Database / Sheet1 / Sheet2 / Sheet3 /

FIG. 30